



# Safety, Economic and Health Consequences of Sleep Loss and Fatigue in Shift Work

By David J. Foy and Hans P. A. Van Dongen, Ph.D.

About the Authors: David Foy is a biochemistry student at the University of Surrey in England. He is currently on placement at the Sleep and Performance Research Center at Washington State University, Spokane. Dr. Van Dongen is a Research Professor and Assistant Director of the Sleep and Performance Research Center at Washington State University Spokane. His research focuses on basic and applied aspects of fatigue risk management, and he has made seminal contributions to the understanding and prediction of changes in fatigue over time.

## Fatigue in Shift Work

A key problem in shift work operations is difficulty obtaining adequate sleep while off duty, especially during the daytime<sup>1</sup>. Indeed, it has been estimated that 75% of night shift workers experience fatigue every night, with 20% of them reporting they fall asleep on the job<sup>2</sup>.



In a study of the aviation maintenance work environment, maintenance personnel were found to obtain an average of about 5 hours of sleep per day<sup>3</sup>. Laboratory research has revealed that this level of sleep restriction leads to cumulative declines in cognitive performance, equivalent to what is seen after *not sleeping at all* for a day or more<sup>4, 5</sup>.

## Performance and Safety

Fatigue increases the risk of errors, incidents and accidents<sup>6</sup>. The operational relevance has been illustrated in a sleep deprivation study of an airport bag screening task, which showed that threat detection accuracy decreased while false alarm rates increased following sleep loss<sup>7</sup>. In aviation maintenance operations, the circadian rhythm (i.e., 24-hour rhythm of the biological clock) in fatigue has been found to be associated with a nighttime peak in skill-based errors<sup>8</sup>.



Risks from fatigue are not only encountered during work hours, but also when off duty, with time spent on the road (e.g., while commuting) being particularly risky. Fatigue is believed to be a contributing factor in many road accidents, for example, in 30%–40% of accidents involving heavy trucks<sup>9</sup>. In many cases, this is an issue of not getting enough sleep rather than how long the driver has been on duty. There is also a distinct effect of the circadian rhythm on the risk of road accidents<sup>10</sup>. In other words, time awake and time of day



affect a person's fatigue risk.

These findings emphasize the importance of accounting for sleep loss in interaction with time of day when managing fatigue<sup>10–13</sup>. This has been recognized in time-of-day-dependent provisions in notices of proposed rulemaking (NPRMs) recently issued for commercial vehicle drivers and for flight crews<sup>14, 15</sup>.

## Economic Consequences

Sleep loss is causing U.S. employers approximately \$136 billion per year or more in lost productivity due to do-overs, unproductive work time and absenteeism<sup>16</sup>. To get a sense of magnitude, compare this to the economic burden of drug abuse (\$124 billion) or cancer (\$69 billion)<sup>17, 18</sup>. Such numbers have a significant effect on the corporate bottom line.



The economic impact of fatigue-related incidents and accidents is not precisely known, but believed to be substantial. A large-scale study conducted by the Federal Railroad Administration<sup>19</sup> exposed that at least \$46 million worth of property damage in railroad accidents, per year, is caused by human factor errors likely to be related to fatigue. No comparable statistic is currently available for aviation.

## Health Hazards

Other than through accidents, fatigue also affects personal safety and health in more subtle ways. Repeatedly not getting enough sleep is believed to increase the risk of a variety of chronic medical problems<sup>20, 21</sup>. Sleep loss disrupts the balance between the hormone ghrelin, which stimulates appetite, and the hormone leptin, which dampens hunger<sup>22</sup>. This disruption leads to craving of unhealthy (fatty) foods when awake at night, and dysregulates glucose metabolism<sup>20</sup>. This can lead to



obesity<sup>23</sup>, which in turn increases the risk of sleep apnea<sup>24</sup>, a sleep-related breathing disorder causing fragmented sleep and further sleep loss<sup>25</sup>. The result is a vicious circle of abnormal metabolic, hormonal, cardiovascular and nervous system functioning known as metabolic syndrome<sup>26</sup>, which tends to produce various other negative health outcomes such as cardiovascular disease<sup>27</sup> and diabetes<sup>28</sup>. See Figure 1.



A variety of health issues are reported by personnel working shifts<sup>29</sup>. Symptoms

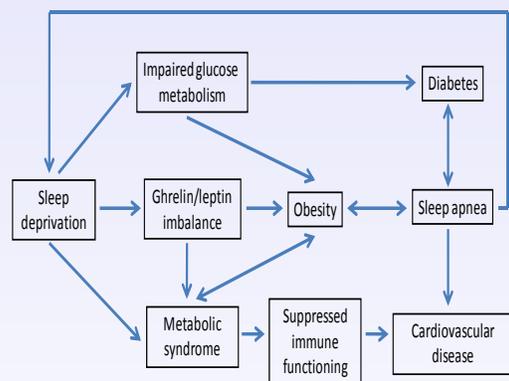


Figure 1: Simplified diagram displaying associations between chronic sleep loss and adverse health outcomes.

include depression, gastrointestinal problems, compromised immune function, substance abuse, and cardiovascular disease<sup>30</sup>. Healthy lifestyles focusing on diet and exercise (without giving up sleep to make time for exercise) help to counteract the adverse health consequences of fatigue<sup>31</sup>, as does transferring to daytime work<sup>1</sup>.

## Take-Home Message

Fatigue has a critical impact on safety, productivity, health and well-being – and this comes with significant economic and societal costs. As a technician or an executive, the return on investment for implementing fatigue risk management strategies is expected to be high<sup>32</sup>.

[Click here for references.](#)

## References for “Safety, Economic and Health Consequences of Sleep Loss and Fatigue in Shift Work” by D.J. Foy and H.P.A. Van Dongen

- [1] T. Åkerstedt (1998). Shift work and disturbed sleep/wakefulness. *Sleep Medicine Reviews*, 2: 117–128.
- [2] T. Åkerstedt (1991). Sleepiness at work: effects of irregular work hours. In T.H. Monk (Ed.), *Sleep, sleepiness and performance* (pp. 129–152). Chichester: John Wiley & Sons.
- [3] J. Watson & W.B. Johnson (2001). Assessing aviation maintenance, work environments and worker rest. *Proceedings of the 15th Symposium on Human Factors in Aviation Maintenance*, [https://hfskyway.faa.gov/HFTest/Bibliography%20of%20Publications%5CMX%20FAA\(Former%20HFSkyway\)%5C15th%20Symposium%5CASSESING%20AVIATION%20MAINTENANCE%20WORK%20ENVIRONMENTS%20AND%20WORKER%20.pdf](https://hfskyway.faa.gov/HFTest/Bibliography%20of%20Publications%5CMX%20FAA(Former%20HFSkyway)%5C15th%20Symposium%5CASSESING%20AVIATION%20MAINTENANCE%20WORK%20ENVIRONMENTS%20AND%20WORKER%20.pdf) (accessed January 28, 2011).
- [4] G. Belenky, N.J. Wesensten, D.R. Thorne, M.L. Thomas, H.C. Sing, D.P. Redmond, M.B. Russo & T.J. Balkin (2003). Patterns of performance degradation and restoration during sleep restriction and subsequent recovery: a sleep dose-response study. *Journal of Sleep Research*, 12: 1–12.
- [5] H.P.A. Van Dongen, G. Maislin, J.M. Mullington & D.F. Dinges (2003). The cumulative cost of additional wakefulness: dose-response effects on neurobehavioral functions and sleep physiology from chronic sleep restriction and total sleep deprivation. *Sleep*, 26: 117–126.
- [6] H.P.A. Van Dongen & S.R. Hursh (2010). Fatigue, performance, errors and accidents. In M.H. Kryger, T. Roth & W.C. Dement (Eds.), *Principles and practice of sleep medicine*, 5th ed. (pp. 753–759). St. Louis: Elsevier Saunders.
- [7] M. Basner, J. Rubinstein, K.M. Fomberstein, M.C. Coble, A. Ecker, D. Avinash & D.F. Dinges (2008). Effects of night work, sleep loss and time on task on simulated threat detection performance. *Sleep*, 31: 1251–1259.
- [8] A. Hobbs, A. Williamson & H.P.A. Van Dongen (2010). A circadian rhythm in skill-based errors in aviation maintenance. *Chronobiology International*, 27: 1304–1316.
- [9] National Transportation Safety Board (1995). *Factors that affect fatigue in heavy truck accidents*. Report No. NTSB/SS-95/01. Washington, D.C.: National Transportation Safety Board.
- [10] T. Åkerstedt, G. Kecklund & L.G. Hörte (2001). Night driving, season, and the risk of highway accidents. *Sleep*, 24: 401–406.
- [11] D.J. Mollicone, H.P.A. Van Dongen, N.L. Rogers, S. Banks & D.F. Dinges (2010). Time of day effects on neurobehavioral performance during chronic sleep restriction. *Aviation, Space, and Environmental Medicine*, 81: 735–744.
- [12] H.P.A. Van Dongen, G. Belenky & B.J. Vila (2011). The efficacy of a restart break for recycling with optimal performance depends critically on circadian timing. *Sleep*, in press.
- [13] T.G. Raslear, S.R. Hursh & H.P.A. Van Dongen (2011). Predicting cognitive impairment and accident risk. *Progress in Brain Research*, 190: 155–167.
- [14] [http://www.faa.gov/regulations\\_policies/rulemaking/recently\\_published/media/FAA\\_2010\\_22626.pdf](http://www.faa.gov/regulations_policies/rulemaking/recently_published/media/FAA_2010_22626.pdf) (accessed January 29, 2011).

- [15] <http://www.fmcsa.dot.gov/rules-regulations/TOPICS/hos-proposed/HOS%20NPRM.pdf> (accessed January 29, 2011).
- [16] <http://www.management-issues.com/2007/8/31/research/fatigue-hits-us-productivity.asp> (accessed February 2, 2011).
- [17] W.S. Cartwright (2008). Economic costs of drug abuse: financial, cost of illness, and services. *Journal of Substance Abuse Treatment*, 34, 224–233.
- [18] M.L. Brown, J. Lipscomb & C. Snyder (2001). The burden of illness of cancer: economic cost and quality of life. *Annual Review of Public Health*, 22: 91–113.
- [19] S.R. Hursh, T.G. Raslear, A.S. Kaye & J.F. Fanzone Jr. (2006). *Validation and calibration of a fatigue assessment tool for railroad work schedules, summary report*. Report No. DOT/FRA/ORD-06/21. Washington, D.C.: Federal Railroad Administration.
- [20] K. Spiegel, R. Leproult & E. Van Cauter (1999). Impact of sleep debt on metabolic and endocrine function. *Lancet*, 354: 1435–1439.
- [21] M. Hack & J. Mullington (2005). Sustained sleep restriction reduces emotional and physical well-being. *Pain*, 119: 56–64.
- [22] K. Spiegel (2004). Sleep curtailment in healthy young men is associated with decreased leptin levels, elevated ghrelin levels, and increased hunger and appetite. *Annals of Internal Medicine*, 141: 846–850.
- [23] S. Patel & F. Hu (2008). Short sleep duration and weight gain: a systematic review. *Obesity*, 16: 643–653.
- [24] R. Wolk, A.S.M. Shamsuzzaman & V.K. Somers (2003). Obesity, sleep apnea and hypertension. *Journal of the American Heart Association*, 42: 1067–1074.
- [25] E.A. Phillipson (1993). Sleep apnea – a major public health problem. *New England Journal of Medicine*, 328: 1271–1273.
- [26] D. Kobayashi (2011). Relation between metabolic syndrome and sleep duration in Japan: a large scale cross-sectional study. *Internal Medicine*, 50: 103–107.
- [27] H.M. Lakka, D.E. Laaksonen, T.A. Lakka, L.K. Niskanen, E. Kumpusalo, J. Tuomilehto & J.T. Salonen (2002). The metabolic syndrome and total and cardiovascular disease mortality in middle-aged men. *Journal of the American Medical Association*, 288: 2709–2716.
- [28] F. Cappuccio (2010). Quantity and quality of sleep and incidence of type 2 diabetes: a systematic review and meta-analysis. *Diabetes Care*, 33: 414–420.
- [29] N.P. Gordon, P.D. Cleary, C.E. Parker & C.A. Czeisler (1986). The prevalence and health impact of shiftwork. *American Journal of Public Health*, 76: 1125–1128.
- [30] M. Maddox (2005). Shift work and scheduling, <http://www.hf.faa.gov/docs/508/docs/shiftwork.pdf> (accessed January 29, 2011).
- [31] G. Riccardi & A.A. Rivellese (2000). Dietary treatment of the metabolic syndrome – the optimal diet. *British Journal of Nutrition*, 83: S143–S148.
- [32] H.P.A. Van Dongen & G. Belenky (2011). Model-based fatigue risk management. In P. Desmond, G. Matthews, P. Hancock & C. Neubauer (Eds.), *Handbook of operator fatigue*. Aldershot: Ashgate Publishing, in press.